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HEALTH AND HUMAN  
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Head, Public Health Service*

Robert A. Whitney, Jr. DVM  
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**Address correspondence to:**

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 Rockville, MD 20857  
 (301) 443-0762

Service Act (Section 2103), which mandates the preparation of a National Vaccine Plan. This plan is to set vaccine priorities and indicate how they are to be carried out. These priorities include research and development, testing, licensing, production, procurement, distribution, and the safe and effective use of vaccines.

It was the intent of the Congress that the National Vaccine Plan serve as a blueprint for improvement in the nation's immunization system. The plan was used as the basis for President Clinton's Comprehensive Child Immunization Initiative. Speaking before a joint committee of Congress, Health and Human Services Secretary Donna E. Shalala stated that "this initiative embodies the President's commitment to ensure proper immunization for all American children. It is a sound and cost effective investment in America's future health and productivity. And it is an essential first step towards a national health care reform plan that will emphasize prevention and guarantee the security of health care coverage."

The activities in the National Vaccine Plan expand across all sectors of society, including the Federal Government, State and local governments, academic institutions, voluntary organizations, the pharmaceutical industry, the medical community, social and welfare services, schools, and parents. It also recognizes the key role of personal responsibility in our efforts to improve immunization status. The plan recognizes, however, that governmental health agencies (both Federal and State) have a unique function to ensure that our immunization missions are clearly defined and that vital elements to achieve the goals of the plan are in place. Within this framework, the National Vaccine Plan addresses five broad goals for improving the Nation's immunization system. These goals include:

- Better educate the public and members of the health professions on the benefits and risks of immunizations;
- Better use of existing vaccines to prevent disease, disability, and death;
- Develop new and improved vaccines;
- Ensure the optimal safety and effectiveness of vaccines and immunization; and

- Support global disease eradication and prevention through immunization.

Achieving these goals is one of the principal objectives of the Department. This effort will require the commitment of all of us if we are to achieve the national goal of 90 percent coverage of 2 year olds by the year 2000. These initiatives offer the opportunity to achieve the unprecedented promise of improved disease prevention through the use of vaccines.

Chester A. Robinson, DPA  
Deputy Associate Director,  
Immunization Division,  
National Vaccine Program Office

Kenneth J. Bart, MD, MPH  
Director, National Vaccine Program Office

### Special Note to Readers

*President Clinton's proposed Comprehensive Child Immunization Initiative has sparked considerable public and congressional debate. At the time of publication, the legislative portion of the Initiative had been acted on by the House of Representatives on May 27, 1993, and by the Senate on June 25, 1993. A House-Senate conference committee was to be convened to reconcile the differences in the two bills.*

*We will report on the final outcome of the Immunization Initiative in a future issue.*



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*Public Health Reports* is the journal of the U.S. Public Health Service, published six times a year by the Department of Health and Human Services. Its readership includes the public health community at large, both in the United States and abroad, at the local, State, and national levels, in the public and private sectors.

The journal is interested in scientific papers concerned with the many facets of health care, disease prevention, health promotion, medical care, community medicine, and the delivery of health services, as well as technical reports documenting studies and research. Papers on new programs, new projects, and new ideas, even when they are experimental in nature, are welcomed. Letters to the editor commenting on specific articles published in the journal are encouraged.

*Public Health Reports* articles are abstracted in various journals, such as Abstracts for Social Workers, Current Literature in Family Planning, and so on. They are indexed in the annual Cumulated Index Medicus and monthly Index Medicus of the National Library of Medicine and the Cumulative Index to Nursing and Allied Health Literature. The full text of articles is available on the MEDIS data base; synopses are available on the GTE Telenet Medical Information Network.

All manuscripts are considered with the understanding that they have not been submitted for publication elsewhere. Almost all papers are reviewed by technical experts in government and the private

sector. Comments of the referees are made available to the authors.

Manuscripts are published in one of the three formats: as general articles that usually do not exceed 15-20 double-spaced typewritten pages, exclusive of charts and tables; as "Public Health Reports in Brief" that are less formal, of shorter length, and of slightly less significance; or as items that qualify as news, announcements, or abbreviated descriptions of programs or projects.

Papers, including the list of references, should be typewritten double spaced, with the title and authors' names and affiliations on a separate sheet. They should have no more than six authors. All charts and tables should be on separate sheets. If a paper is accepted for publication, we will request a 5.25- or 3.5-inch IBM PC-type diskette of the article stored in a word processor file, formatted in MS DOS. (A pure ASCII text file or a XyWrite III Plus file is preferred, but we are able to convert files of about 20 major word processors.)

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## HHS Issues 'Health Diary' for Mothers and Children

The Department of Health and Human Services (HHS) has launched "Health Diary," an interactive handbook that educates pregnant women and new mothers about such topics as when to schedule physician visits and vaccines, what to avoid during pregnancy, and what to look for in their newborn infants.

The publication, with spaces to record appointments, milestones, and advice, was developed within HHS by the Health Resources and Services Administration's Maternal and Child Health Bureau. It is designed to encourage early and continual prenatal care, plus regular physician visits and early immunization, typically at 2, 4, 6, and 15 months, for infants and toddlers.

The first national handbook of its kind, "Health Diary" was developed with the National Commission to Prevent Infant Mortality (NCPIM). Dozens of professional and provider organizations were consulted during its development.

HHS Secretary Donna E. Shalala said, "More than 100 other nations provide maternal and child health handbooks for their citizens. It's time for America to do the same. Every mother wants a healthy pregnancy and every baby needs a healthy start. This diary is designed to provide practical information and health reminders for the protection of both the mother-to-be and the child."

"The development of this national handbook has been a key objective of the National Commission to Prevent Infant Mortality. We know that when pregnant women and new parents are empowered with the information they need to have healthy babies, we all benefit through healthier families and a more productive nation," said U.S. Senator Bill Bradley, D-NJ, a member of the NCPIM. "Our goal now is to get the 'Health Diary' into the hands of every family in America."

Copies of the "Health Diary" are being sent to State and local maternal and child health agencies and other organizations for free distribution to publicly supported centers and clinics. Secretary Shalala also said HHS will work further with Congress, States, and outside groups to ensure wide distribution to women across the country. Professional groups, corporations, State and local government agencies, and voluntary organizations are encouraged to purchase bulk copies at a reduced rate or to reprint the handbook for distribution to employees, health care providers, and patients or through community organizations.

"'Health Diary' promotes interaction between women and their health care providers by providing space to write questions, the providers' answers and advice, and the results of tests and other events of each health care visit," said Audrey H. Nora, MD, MPH, Director of the Maternal and Child Health Bureau.

"Health Diary" provides advice on diet, exercise and other health behaviors during pregnancy, information on fetal devel-



opment, and tells what to expect at each prenatal care visit. It also covers child development, effective parenting, and the immunizations and health care supervision babies need during the first 2 years of life.

According to national statistics, an estimated 25 percent of America's pregnant women and almost 40 percent of African-American women receive no prenatal care in their first trimester. Babies born to these women are three times more likely to be born too small and four times more likely to die in their infancy.

Low birth weight is costly, both emotionally and economically. In 1990, the hospital-related costs of caring for all low birth weight infants during the neonatal period totaled more than \$2 billion, or \$21,000 for each baby — instead of \$2,900 for the average delivery. In addition, nearly half of American 2-year-olds are not fully vaccinated. In some areas, the rate is as low as 10 percent.

According to "Death Before Life. The Tragedy of Infant Mortality," a 1988 NCPIM report, in Japan, when a mother registers a pregnancy, she receives a letter from the government congratulating her, and a handbook detailing what she must do to help ensure that she has a healthy baby. The letter and handbook may seem like gimmicks to a jaded American public, but they symbolize Japan's deep commitment to overcoming the tragedy of infant mortality — a commitment that has established Japan as the world leader in preventing infant mortality.

The Federal Government has a responsibility to ensure that all children born in the United States have a healthy start, but it is not government's responsibility alone. The commission's goal is straightforward: pregnant women and infants must be able to get health care. The private and public sectors must strengthen their commitment to ensure that women and infants can, in truth, obtain the services they need and learn what they need to know to improve their own health.

Toward this end, the commission will continue its work with the Secretary to see the "Health Diary" make its way into the hands of every pregnant woman and new parent in the country. It will seek continued funding from the Administration and Congress for dissemination of the "Health Diary" and by urging businesses, civic organizations, and religious institutions to help fund these books for pregnant and parenting families in their communities.

Clearly, Japan and many other countries have proven infant mortality is a problem with a solution. If, for example, we could achieve Japan's low rate of infant mortality, the 20,000 children whose lives would be saved each year would contribute in their lifetime more than \$10 billion in productive earnings.

It is a commitment the United States must now make.

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES  
Public Health Service  
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